1334177

SEC 1972 (6/99) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY			
Prefix Serial			
D	ATE REC	CEIVED	

Name of Offering:	
Private Placement of Common Stock, War	rants & Options
(check below if this is an amendment and name has changed	, and indicate change.)
Filing Under (Check box(es) that apply):	PECEIVED
[] Rule 504 [X] Rule 505 [] Rule 506 [] See	ection 4(6) [] ULOE
Type of Filing: [] New Filing [] Amendment	<pre></pre>
A. BASIC IDENTIF	ICATION DATA XX 108 25
Enter the information requested about the issuer. Name of Issuer:	2 PROCESSED
Auriga Laboratories, Inc	JUL 28 2005
(check above if this is an amendment and name has changed,	, and indicate change.)
Address of Executive Offices:	Financial
27368 Via Industria, Suite 113, Temecula CA 92590	(951) 541-2814
Number and Street, City, State, Zip	Telephone Number (include area code)

Address of Principal Business Operations (if different from I	Executive Offices):	
(same as above)		
Number and Street, City, State, Zip	Telephone Number (include area code)	
Brief Description of Business:		
Pharmaceutical		
Type of Business Organization:		
[X] corporation [] limited partnership, a [] limited partnership, to		
Actual or Estimated Date of Incorporation or Organization:	Month Year [04] [05] [X] Actual [] Estimated	
Jurisdiction of Incorporation or Organization (enter two-lette (CN for Canada; FN for other	·	

GENERAL INSTRUCTIONS:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires that payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partner of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last na	ame first, if indivi	dual):			1 articl
Glynn Wi	lson				
Business or Reside	nce Address (Nur	nber and Street, C	ity, State, Zip):		
39 Old Ri	dgebury Road, Su	ite D1, Danbury,	CT 06817		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last na	nme first, if indivi	dual):			
Philip S. I	Pesin				
Business or Reside	nce Address (Nur	nber and Street, C	ity, State, Zip):		
27368 Via	a Industria, Suite	13, Temecula, C	A 92590		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last na	ume first, if indivi	dual):			
Craig Col	lard		···		
Business or Reside	nce Address (Nur	nber and Street, C	ity, State, Zip):		
2000 Reg	ency Parkway, Su	ite 255, Cary, NC	27511		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last na	ame first, if individ	dual):			
Robert He	emley				
Business or Reside	nce Address (Nur	nber and Street, C	ity, State, Zip):		
39 Old Ri	dgebury Road, Su	ite D1, Danbury.	CT 06817		

Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last n	ame first, if indivi	dual):			Turino
Timothy	Curran			<u>,</u>	
Business or Reside	ence Address (Nur	nber and Street, Ci	ty, State, Zip):		
5555 Tria	ingle Parkway, No	rcross, GA 30092			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last n	ame first, if individ	dual):			Turdio
Matthew	Heil				
Business or Reside	ence Address (Nun	nber and Street, Ci	ty, State, Zip):		
39 Old R	idgebury Road, Da	inbury, CT 06817			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last na	ame first, if indivi	dual):			1 44 440
Business or Reside				cessary.	
	В	B. INFORMATIO	N ABOUT OFFE	ERING	
1. Has the issuer so	old, or does the iss	uer intend to sell, t	o non-accredited in	nvestors in this off	ering? [X] Yes [] No
	Answer	also in Appendix,	Column 2, if filing	under ULOE.	
2. What is the min	imum investment t	that will be accepte	ed from individual?	?	\$ <u>N/A</u>
3. Does the offerin	g permit joint own	ership of a single	unit?		[] Yes [X] No
commission or sim offering. If a perso	nilar remuneration n to be listed is an es, list the name of	for solicitation of passociated person the broker or deal	ourchasers in conno or agent of a broke er. If more than fiv	ection with sales of er or dealer register re (5) persons to be	red with the SEC and/or slisted are associated
Full Name (Last na	ame first, if individ	iual):			
(none)					

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Business or Residence Address (Number and Street, City, State, Zip):
Name of Associated Broker or Dealer:
States in Which Person Listed has Solicited or Intends to Solicit Purchasers:
(Check "All States" or check individual states below:
                                               [ ] All States
                                              [CT]
[AL]
      [ AK]
               [AZ] [AR] [CA]
                                     1 CO 1
                                                      [DE]
                                                              IDC 1
                                                                      [FL]
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                                                      [ MD]
                                              [NY
       [NE]
                       [NH]
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[ MT]
              [NV]
                               [NJ]
                                                              [ND]
                                                                      [OH]
                                                                                      [OR]
                                                                                              [PA]
[RI]
       [ SC ]
              [ SD ]
                      [TN] [TX] [UT] [VT] [VA]
                                                              [WV] [WV] [WI]
                                                                                      [WY]
                                                                                              [PR]
Full Name (Last name first, if individual):
Business or Residence Address (Number and Street, City, State, Zip):
Name of Associated Broker or Dealer:
States in Which Person Listed has Solicited or Intends to Solicit Purchasers:
(Check "All States" or check individual states below: [ ] All States
[AL] [AK]
               [AZ]
                      [AR] [CA]
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                                                                              [WI]
                                                                                      [WY]
                                                                                              [PR]
Full Name (Last name first, if individual):
Business or Residence Address (Number and Street, City, State, Zip):
Name of Associated Broker or Dealer:
States in Which Person Listed has Solicited or Intends to Solicit Purchasers:
(Check "All States" or check individual states below: [ ] All States
[AL]
       [AK]
               [AZ]
                       [AR]
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Use blank sheet, or copy and use additional copies of the sheets, as necessary.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \square , and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	A	mount Already Sold
Debt	\$0	\$ _	0_
Equity	\$ <u>1,232,394.49</u>	\$ _	1,232,394.49
[X] Common [] Preferred			
Convertible Securities (including warrants)	\$ 297,500.00	\$ _	297,500.00
Partnership Interests		\$ _	0
Other (Specify)	\$0_	\$ _	0
Total	\$ <u>1,529,894.49</u>	\$ _	1,529,894.49

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero".

	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	44	\$ <u>1,524,894.49</u>
Non-accredited Investors	1	\$5,000.00
Total (for filings under Rule 504 only)		\$

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of Offering	Type of Security	Doli	lar Amount Sold
Rule 505		\$	0
Regulation A		\$	0
Rule 504		\$ ——	0
Total		\$	0

4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not know, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	\$	
Printing and Engraving Costs [X]		1,000.00
Legal Fees[X]	\$	90,000.00
Accounting Fees [X]	\$	5,000.00
Engineering Fees	\$_	
Sales Commissions (specify finders' fees separately)	\$	
Other Expenses (identify)	\$	
Total[X]		
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This		
difference is the "adjusted gross proceeds to the issuer."	\$	1,433,894.49

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not know, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.

	Payments to Officers, Directors and Affiliates [X]	to Others
Salaries and fees.	. \$500,000.00	\$
Purchase of real estate	[]	\$
Purchase, rental or leasing and installation of machinery and equipment	[X] . \$ 100,000.00	[] \$
Construction or leasing of plant buildings and facilities		\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]	[] \$
Repayment of indebtedness		[] \$
Working capital.	[X] \$ 683,894.49	\$
Other (specify):	r 1	r 1
	\$	\$
Column Totals		\$
Total Payments Listed (column totals added)	[X] . \$1,433,894,49	\$

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes as undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of is staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature ~ Date
	Islamfier July 18, 2005
Auriga Laboratories, Inc.	
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Glynn Wilson	President and Chairman

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

[] Yes [X] No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Auriga Laboratories, Inc.	John fich	July 18, 2005
Name of Signer (Print or Type)	Title (Print or Type)	
Glynn Wilson	President and Chairman	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX										
1	2 3			4					5	
	Intend to sell to non- accredited investors in State (PartB-Item1)		Type of security and aggregate offering price offered in State (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK								1		
AZ		X	Common Stock	4	\$ 235,000.00					
AR					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>		
CA	X		Common Stock	21	\$ 966,329.80	1	\$ 5,000.00			
CO								-		
CT		X	Common Stock	3	\$ 825.00					
DE										
DC										
FL								<u> </u>		
GA		X	Common Stock	11	\$ 160.00					
Ш										
ID										
IL	ļ									
IN										
IA	<u> </u>									
KS		37	C		Ø 10 10				ļi	
KY LA		X	Common Stock	3	\$ 10.19					
ME	ļ							 	 	
MD									<u> </u>	
MA								 		
MI										
MN	-							1		
MS										
MO										
MT	<u> </u>							<u> </u>		
NE										
NV										
NH										
NJ		X	Common Stock	11	\$ 25,000.00					
NM										
NY		X	Stock Option	1	\$ 297,500.00					
NC		X	Common Stock	8	\$ 34.36					
ND										
OH								ļ		
OK										
OR	<u> </u>						· 	l		

APPENDIX (con't)

1	2		3	4				5	
	1		_				Disqualification		
							under State		
	[Type of security				ULOE		
	Intend to sell		and aggregate					(if yes, attach	
	to non-		offering price	Type of investor and				explanation of	
	accredited		offered in State	amount purchased in State				waiver granted)	
	investors in		(Part C-Item 1)	(Part C-Item 2)				(Part E-Item 1)	
	State								
	(Part B-Item 1)							<u> </u>	
	}			N 1 6		Number of			
	ļ .	ļļ		Number of		Non- Accredited	ĺ		İ
State	Yes	No		Accredited Investors	Amount	Investors	Amount	Yes	No
PA	168	X	Common Stock	1 1 1	\$ 35.00	investors	Amount	168	NO
RI		$\frac{\Lambda}{\Lambda}$	Common Stock	1	\$ 33.00	 			
SC				 		 			ļ
SD	 	 					<u> </u>		
TN	 	X	Common Stock	1	\$ 0.14	 	 		ļ
TX	 	$-\frac{\Lambda}{}$	Common Stock		Ψ 0.14	 			
UT						 	 		
VT	 					 			-
VA	 			 		 	 	 	
WA							 		
WV						 			
WI						 		-	
WY						 			
PR						 			